

# CLAIMS ONLY

Application Number

19/745,202

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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49						
50						
Total indep	4		4		8	
Total depend	19		29		22	
Total claims	23		33		30	

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	Indep	Depend	Indep	Depend	Indep	Depend
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99						
100						
Total indep						
Total depend						
Total Claims						